



Adult-Use Licensing
Marijuana Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
MRA-AdultUseLicensing@Michigan.gov

DO NOT SUBMIT A DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR DESIGNATED CONSUMPTION ESTABLISHMENT WILL BE READY TO PASS AN INSPECTION WITHIN 60 DAYS OF APPLICATION SUBMISSION

Failure to pass an inspection within 60 days of application submission may result in the denial of your license application.

DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION – STEP 2

Designated Consumption Establishment License Application

- ☐ Page 1: Demographic Information
- ☐ Page 2: Attestation 3-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- ☐ Page 3: Attestation 3-B – Proof of Possession of Premises & Written Permission from Owner of Premises
- ☐ Page 4: Attestation 3-C – Confirmation of Section 6 Compliance
- ☐ Page 5: Attestation 3-D – Confirmation of Insurance
- ☐ Page 6: Acknowledgment of Attestations (signed and notarized)
- ☐ Page 7: Disclosures: (1) Business Specifications, (2) Municipality Information, (3) Employee Information

Business Specifications

- ☐ Assumed Name/DBA documentation (if applicable)
- ☐ Copy of Designated Consumption Establishment Plan complying with the Emergency Rules
- ☐ Copy of floor plan
- ☐ Copy of construction details
- ☐ Building structure information (e.g., new, pre-existing, freestanding, fixed)
- ☐ Building type information (e.g., commercial, industrial, house, warehouse, etc.)
- ☐ Description of multiple tenants and/or occupancy restrictions
- ☐ Copy of zoning information
- ☐ Copy of marketing plan
- ☐ Copy of staffing plan
- ☐ Copy of deed or lease agreement
- ☐ Copy of responsible operations plan
- ☐ Copy of product & waste management plan
- ☐ Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- ☐ Copy of Certificate of Use and Occupancy

All items on the checklist are required to be provided at the time of application submission.
Failure to submit any of the items may result in the denial of your application.



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DESIGNATED CONSUMPTION ESTABLISHMENT INFORMATION

Please provide the following information regarding the designated consumption establishment seeking a state license.

Applicant Name (as appears on official business documents)	DBA/Assumed Name (Attach copy of filed assumed name certificate, if applicable)
Physical Address	FEIN/SSN
City State Zip Code	Phone
Mailing Address (if different than physical address)	Email Address
City State Zip Code	Business Location Zoning Category (e.g., agriculture, commercial)

PERSON COMPLETING APPLICATION

Please provide the following information for the individual who will act as the primary contact for this license application.

Name (First, Middle, Last)	Affiliation with Entity Date of Birth (mm/dd/yyyy)
Mailing Address	Company Name (if applicable)
City State Zip Code	Phone Email Address
Attorney License No. (if applicable)	CPA License No. (if applicable)

VALIDATION - FOR DEPARTMENT USE ONLY

MRA RECEIPT



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ATTESTATION 3-A
ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE
COMPLIANCE

(To be completed by the applicant)

On behalf of _____, I, _____,
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I acknowledge that I am the person responsible for submitting this application, supplemental documentation, and attestations.

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require additional materials to carry out its statutory duties. I agree to submit supplemental materials as requested in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I attest that the application information related to the governing municipality for the marihuana establishment which is the subject of this application is complete and accurate. Further, that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of the physical premises intended to be licensed for the purposes of rule and regulation compliance, establishment safety and security, and integrity of marihuana establishment operation integrity. I understand that failing to cooperate with an investigation process the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license.

I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.



ATTESTATION 3-B

PROOF OF POSSESSION OF PREMISES & WRITTEN PERMISSION FROM OWNER OF PREMISES

(To be signed by the applicant and owner of premises and submitted by the applicant)

Do not sign until notary is present

PART A:

On behalf of _____, I, _____,
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

possess the premises where the proposed designated consumption establishment will be located. I have attached proof of possession to this application.

Signature of Individual Authorized to Sign on Behalf of Main Applicant

Establishment Street Address

Date

Establishment City, State, Zip Code

Subscribed and sworn to by _____ before me on _____.
(Name of Individual Authorized) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____, County of _____. Acting in the county of _____,
(county) (state)

My commission expires: _____.

PART B:

I, _____ (owner of the premises),
approve of the applicant's use of the designated consumption establishment for marijuana consumption on the premises in question.

Owner of Premises Signature

Date

Subscribed and sworn to by _____ before me on _____.
(Owner of Premises Name) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____, County of _____. Acting in the county of _____,
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My commission expires: _____.



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ATTESTATION 3-C
CONFIRMATION OF SECTION 6 COMPLIANCE

(To be signed by the applicant and municipal clerk or their designee, and submitted by the applicant)

Do not sign until notary is present

PART A:

On behalf of _____, I, _____,
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this Attestation in accordance with Section 9 of MRTMA and the Emergency Rules.

Applicant Signature

Date

Establishment Type

Establishment Address

PART B:

I, _____ (clerk/designee) of _____ (municipality),

hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, is in accordance with the municipal ordinance requirement of section 6 of the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1 (MRTMA).

I further attest that:

- ☐ The municipality has not adopted an ordinance under section 6 of the MRTMA prohibiting marihuana establishments.
- ☐ The municipality has adopted an ordinance under section 6 of the MRTMA allowing marihuana establishments and the applicant is not in violation of the local ordinance or zoning regulations.

Failure of the municipality to notify the agency that the applicant is not in compliance with a municipal ordinance consistent with section 6 of the MRTMA and in effect at the time of application will not prohibit the agency from issuing a state license.

Clerk (or designee) Signature

Clerk (or designee) Email Address

Date

Subscribed and sworn to by _____ before me on _____.
(Clerk/Designee Name) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____, County of _____. Acting in the county of _____,
(county) (state)

My commission expires: _____.



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ATTESTATION 3-D
CONFIRMATION OF INSURANCE

(To be signed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)

Do not sign until notary is present

PART A:

On behalf of _____, I, _____,
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this attestation in accordance with the Emergency Rules.

Applicant Signature

Date

Establishment Name/Insured Party Name

Establishment Address/Insured Party Address

PART B:

I, _____, of _____,
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State

hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Emergency Rules.

I further attest that:

☐ The policy number for the above-referenced insurance policy is _____, with an effective date of _____, and expiration date of _____. The declaration page of the above-referenced policy is attached hereto.

☐ The bond number for the above-referenced constant value bond is _____, with an effective date of _____, and expiration date of _____. A copy of the bond is attached hereto.

The policy or constant value bond listed above covers the following locations (list all locations covered by the policy or bond):

Representative or Designee Signature

Company Address

Date

Subscribed and sworn to by _____ before me on _____.
(Agent/Designee Name) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____, County of _____. Acting in the county of _____, _____
(county) (state)

My commission expires: _____.



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ACKNOWLEDGMENT OF ATTESTATIONS

(To be signed and submitted by the applicant)

Do not sign until notary is present

On behalf of _____, I, _____,
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

I hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- ☐ Attestation 3-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- ☐ Attestation 3-B: Proof of Possession of Premises & Written Permission from Owner of Premises
- ☐ Attestation 3-C: Confirmation of Section 6 Compliance
- ☐ Attestation 3-D: Confirmation of Insurance

Signature of Individual Authorized to Sign on Behalf of Main Applicant

Date

Subscribed and sworn to by _____ before me on _____.
(Name of Individual Authorized) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____, County of _____. Acting in the county of _____, _____
(county) (state)

My commission expires: _____.



(1) BUSINESS SPECIFICATIONS

A. Establishment Ownership Information: Provide the following information regarding ownership of the marihuana establishment to be licensed:

Property Tax ID Number

Owner of Record

Property Street Address

Type of Ownership or Use Interest (e.g., own, rent, land contract)

B. Estimated Income: Provide the projected or actual gross annual income in Michigan. (check one box)

☐ Less than \$100,000 ☐ \$100,001 – \$150,000 ☐ \$150,001 – \$200,000 ☐ \$200,001 – \$300,000 ☐ \$300,001 and above

(2) MUNICIPALITY INFORMATION

A. Name of municipality in which the marihuana establishment will be located: _____

B. City, state, and zip code of municipality: _____

C. County of municipality: _____

(3) EMPLOYEE INFORMATION

A. Number of non-managerial employees who will work for this marihuana establishment: _____ (if unknown, estimate)

B. Number of managerial employees who will work for this marihuana establishment: _____ (if unknown, estimate)

C. Do you plan to hire independent contractors (e.g., people you will report on a 1099 form)? ☐ Yes ☐ No

REQUIRED SUPPORTING DOCUMENTS

Provide a copy of the following:

- Assumed Name/DBA documentation, if applicable
- Deed or lease agreement (lease agreement must have landlord and tenant signatures)
- Designated consumption establishment plan providing information required in the Emergency Rules (see Emergency Rules)
- Detailed floor plan providing information required in the Emergency Rules (see Emergency Rules)
- Construction details
- Building structure information (i.e. new, pre-existing, freestanding, fixed)
- Building type information (i.e. commercial, industrial, house, warehouse, etc.)
- Description of multiple tenants and/or occupancy restrictions
- Zoning information
- Marketing plan which details the applicant's advertisement and marketing plans
- Responsible operations plan providing information required in the Emergency Rules
- Staffing plan which includes: (1) job descriptions, (2) hiring procedures, (3) employee training that addresses all components of the responsible operations plan, (4) storage of employee records, (5) day to day operations (including operation hours)
- Certificate of Use and Occupancy